



Environmental and Public Protection Cabinet
Office of Housing, Buildings and Construction
Office of Fire Prevention
Fire Protection Systems
101 Sea Hero Road Suite 100
Frankfort, Kentucky 40601-5405
Phone 502-573-0385
Fax 502-573-1598

Initial Application for Fire Sprinkler Systems Certification

Applicant

Name: _____
Address: _____
City: _____ County: _____
State: _____ Zip: _____
Phone: (____) _____
Social Security No.: _____
Date Of Birth: _____ / _____ / _____
Month Day Year

Height _____; Weight _____; Color of Eyes _____

() Send Mail to Home Address

Employer/Business

Name: _____
Street Address: _____
P.O. Box No. _____ Zip: _____
City: _____ County: _____
State: _____ Zip: _____
Phone: (____) _____
Federal I.D. #: _____
E-Mail Address: _____

() Send Mail to Business Address

Enclose Passport Photograph For Identification Card Use. Maximum Size of Individuals Picture Is To Be 1½ Inch Wide By 12 Inches High.

Enclose a Check or Money Order Made Payable to A Kentucky State Treasurer. Send No Cash! Non-Refundable Fee Is: Fifty Dollars (\$50.00) For Each Classification.

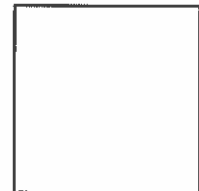
****NOTE****

_____ (Initial) I am not in default of any student loans backed by the KHEAA (Kentucky Higher Education Association Authority). I understand that if I am in default of any student loans backed by the KHEAA, I cannot receive a Kentucky Fire Alarm Systems or Fire Sprinkler Systems Certification at this time.

_____ (Initial) I confirm that all information contained on and submitted with this application is current and true to the best of my knowledge.

****This application will not be accepted without the required signatures and initials.**

SIGNATURE: _____ DATE: _____



Picture Size



READ CAREFULLY

Applicant shall have had, within the five (5) years immediately preceding the date of the filing of this application, not less than one and one-half (1 1/2) years experience in the installation, repair or testing in the particular classification for which the application is made. Please note any related schooling or experience that you feel is related to that classification.

EXPERIENCE RECORD OF APPLICANT
(List most recent experience first)

EMPLOYER (If self-employed, so state)	DESCRIBE IN DETAIL WORK PERFORMED	FROM MO./YEAR	TO MO./YEAR
NAME _____ _____ ADDRESS _____ _____ _____			
NAME _____ _____ ADDRESS _____ _____ _____			
NAME _____ _____ ADDRESS _____ _____ _____			

Deceptive or misleading statements by the applicant herein will invalidate this application and will be grounds to suspend or revoke a certificate issued.

(If necessary, use the back of this page.)